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INFORMATIONAL NOTICE

TO: Participating Hospitals

RE: Hospital Participation in the Screening, Assessment and Support Services (SASS) Program

Public Act 93-0495 requires the Illinois Department of Public Aid to establish a prescreening system for children and adolescents experiencing a mental health crisis who are presenting for an inpatient psychiatric admission. This notice lays out the procedures for hospitals developed to implement this law.

In an informational notice dated June 17, 2004, the department informed providers of the Children's Mental Health Screening, Assessment and Support Services (SASS) program which is being implemented statewide July 1, 2004. The June 17, 2004 notice contains general information on the SASS program and is available on the department's Web site at:

[<http://www.dpailinois.com/hospitals/>](http://www.dpailinois.com/hospitals/)

A listing of SASS providers will be posted to the department's Web site before July 1, 2004 at the following link: [<http://www.dpailinois.com/cmh/>](http://www.dpailinois.com/cmh/). Each SASS provider is responsible for coverage of a specific geographical area, referred to as a Local Area Network (LAN). Because some LAN designations will change effective July 1, 2004, SASS providers are being encouraged to contact the hospitals in their LANS to determine if there are any administrative requirements that must be completed in order for the SASS provider to participate in the child or adolescent's treatment and discharge planning.

The purpose of this notice is to inform hospitals of their specific role with the SASS program and to clarify reimbursement requirements.

Target Populations

There are three target populations for the SASS program: (1) all children and adolescents under the age of 21 for whom DCFS is legally responsible; (2) children under the age of 18 for whom DHS has been requested to pay for their hospitalization; and (3) children and adolescents under the age of 21 enrolled in DPA's Medical Programs including KidCare.

Prior Authorization of Inpatient Admissions

Effective July 1, 2004, all inpatient psychiatric admissions for the three target populations must be screened through the SASS program. In an informational notice dated August 14, 2002, the department identified diagnosis codes subject to utilization review. The August 14, 2002 notice can be found on the department's website at:

<<http://www.dpaillinois.com/hospitals/2002.html>>.

If the admitting diagnosis code for a child or adolescent appears on Attachment A or Attachment B from the August 14th notice, the hospital must contact the Crisis and Referral Entry Service (CARES) at 1-800-345-9049, TTY 1-800-905-9645, prior to admitting the child or adolescent. This program does not change the consent process for children and adolescents for whom DCFS is legally responsible.

The CARES will enter a prior approval into the department's system to document the assignment of the case to a SASS provider. At the same time, CARES will make an entry into the department's peer review organization, HealthSystems of Illinois' (HSI's) system documenting that the hospital called. The SASS provider must arrive on-site within 90 minutes of receiving the referral from CARES to perform a mental health screening and assessment of the child or adolescent. If the SASS provider has not responded within that time period, hospitals should contact the CARES again. The decision as to whether or not the child or adolescent is hospitalized remains with the attending physician. However, reimbursement for the admission is contingent on the hospital cooperating with the new SASS program.

A general care hospital not enrolled for category of service 21 (inpatient psychiatric services) may provide psychiatric care as a general inpatient service only on an emergency basis for a maximum period of three days. **An admission to a general care hospital for psychiatric care will also be subject to the prior authorization requirements of the SASS program.**

Utilization Review –Coordination of Care

Hospitals will continue to call HSI to initiate the utilization review process. To enhance coordination of care for psychiatric admissions for children and adolescents, the hospital shall involve the SASS provider in the child or adolescent's treatment plan during the inpatient stay and in the development of the child or adolescent's discharge plan in order to facilitate linkage to appropriate aftercare resources. The SASS provider will be responsible for documenting their involvement with an admission and with discharge planning by entering information into HSI's web based system. In the near future, if the hospital has requested access to HSI's web-based system, the hospital staff will be able to verify that the required SASS information has been entered by accessing a web-based report. If the hospital finds that the SASS information has not been entered, they should contact the SASS provider directly. HSI will perform a review of the inpatient hospital stay only after documentation has been recorded in HSI's web-based system that CARES was contacted or SASS involvement occurred.

Beginning with admissions occurring on September 1, 2004 and after, **concurrent** review will be required for all psychiatric admissions for children and adolescents that extend beyond a single day. During a transition period of July 1, 2004 through August 31, 2004, hospitals will continue to choose either concurrent review or prepayment review for the admissions. For admissions occurring on or after September 1, 2004, HSI will proceed with a hospital's request for review,

as long as the HSI system contains an entry by CARES or the SASS provider.

Reimbursement

Effective July 1, 2004, hospitals must comply with the CARES and SASS requirements. The department's reimbursement edits for psychiatric admissions for children and adolescents will take effect on September 1, 2004. HSI's web-based reporting system will be available to hospitals on or before that date. If the hospital fails to contact the CARES for a SASS screening prior to admission, but during the hospitalization SASS becomes involved, reimbursement will be made beginning with the day of SASS involvement, if HSI determines the continued stay is medically necessary.

If the outcome of the SASS screening is a recommendation that in lieu of hospitalization the child or adolescent receive care through community services, but the attending physician believes that an admission is medically necessary, the appropriateness of continued stay will be determined through the utilization review process. The first day of an admission is covered as long as a CARES or SASS entry has been recorded on HSI's system. To initiate a subsequent review, HSI should be contacted on the second day of the child or adolescent's psychiatric admission. All coordination of care requirements, including involvement of SASS providers in discharge planning, must be met in order to receive reimbursement. Both CARES and the SASS provider will make an entry documenting admission screening involvement and the SASS provider will make an entry documenting discharge planning involvement into HSI's data system. This information will then be transmitted to the department.

Questions should be directed to the following areas:

- General questions on the SASS program, can be directed electronically to SASS@mail.idpa.state.il.us or you may call 217-524-7110.
- For questions regarding utilization review, please contact HSI's help desk at 1-800-418-4045.
- DPA billing questions can be directed to the Department of Public Aid, Bureau of Comprehensive Health Services, Medical Assistance Consultants at 217-782-5565. In addition, hospitals may call their Medical Assistance Consultant if a SASS provider's inaction prohibits HSI from conducting a concurrent review.
- For hospitals who do not have Internet access, copies of the material referenced in this notice may be obtained by contacting the Bureau of Comprehensive Health Services, Policy and Program Development Section at 217-524-7143.

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